Child Care Application

COMMUNITY CONNECTION FOR CHILD CARE

2000 K Street, Suite 110
Bakersfield, CA 93301
661-861-5200
(Toll Free) 877-861-5200

A program operated by the Kern County Superintendent of Schools Office
John G. Mendiburu, Ed.D., Superintendent

www.kernchildcare.org

Community Connection for Child Care (CCCC) Alternative Payment Program is funded by the California Department of Social Services (CDSS) to assist low-income families with the expense of child care.

The California Alternative Payment Program (CAPP) requires submission of an application in order to determine need and eligibility. CAPP is a parental choice program. Parents may choose a licensed child care center, a licensed family child care provider, or a license-exempt provider like a family, friend, or neighbor. License-exempt providers must meet program requirements before approval is granted. Children 12 years of age and younger are eligible for child care services.

Who is eligible for payment assistance?

To receive payment assistance for subsidized child care and development services, families must meet eligibility and need criteria and be able to show that they live and/or work in Kern County. Eligibility is determined by the family size and the family's total gross income. Need is established when parents are employed, seeking employment, attending an accredited educational/vocational school, job training, homelessness, or incapacitation. Incapacitation must be verified by a legally qualified professional.

Neglected or abused children who are recipients of Child Protective Services, or children who are at risk of being neglected or abused, upon written referral from a legal, medical, or social services agency are also eligible for child care and development services. For more information please call (661) 861-5200.

CCCC Eligibility List

Once a completed application is received, families are placed on the CCCC Eligibility List and ranked according to their family size and income. Families with the lowest rank number are served first as required by the CDSS.

Families are selected from the CCCC Eligibility List as funds become available. Submitting an application does not guarantee child care services.

It is important for families on the Eligibility List to keep CCCC updated with current information. Make sure CCCC has a current phone number and mailing address where a parent/guardian can be reached or where a message can be left. To update your application **please call (661) 861-5200 or (877) 861-5200**.

Please mail child care application to the following address:

Community Connection for Child Care
Eligibility List
2000 K Street, Suite 110
Bakersfield, CA 93301

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PARENT INFORMATION (PLEASE PRINT)

PARENT A

First Name: _____ Middle Name: _____ Last Name: _____

Home Phone: ( ) _____ Alternate/Cell Phone: ( ) _____

Date of Birth: _____ Primary Language: _____

Email: _____

Ethnicity: ❑ American Indian ❑ Asian ❑ Black or African American ❑ Caucasian ❑ Hispanic or Latino
❑ Native Hawaiian or Pacific Islander ❑ Unknown / Decline to State

Mailing Address: _____

City: _____ Zip: _____

Number of children under 18 living at home: _____

Are any of the children you are seeking care for receiving foster care services? ❑Yes ❑No
If yes, are they siblings? ❑Yes ❑No
If no, please submit a separate application for children that are not siblings.

Relationship to Child(ren):	Marital Status:	Reason child care is needed:
❑ Mother	❑ Married	❑ Working / Self Employed
❑ Father	❑ Single	❑ Education / Training
❑ Grandparent	❑ Widowed	❑ Actively Seeking Employment
❑ Guardian	❑ Divorced	❑ Homeless
❑ Foster Parent	❑ Separated	❑ Incapacitation
		❑ CPS
		❑ At Risk

PARENT B

First Name: _____ Middle Name: _____ Last Name: _____

Home Phone: ( ) _____ Alternate/Cell Phone: ( ) _____

Date of Birth: _____ Primary Language: _____

Email: _____

Ethnicity: ❑ American Indian ❑ Asian ❑ Black or African American ❑ Caucasian ❑ Hispanic or Latino
❑ Native Hawaiian or Pacific Islander ❑ Unknown / Decline to State

Mailing Address: _____

City: _____ Zip: _____

Number of children under 18 living at home: _____

Relationship to Child(ren):	Marital Status:	Reason child care is needed:
❑ Mother	❑ Married	❑ Working / Self Employed
❑ Father	❑ Single	❑ Education / Training
❑ Grandparent	❑ Widowed	❑ Actively Seeking Employment
❑ Guardian	❑ Divorced	❑ Homeless
❑ Foster Parent	❑ Separated	❑ Incapacitation
		❑ CPS
		❑ At Risk

Has the family received cash aid within the past 24 months? ❑Yes ❑No *If yes*, date last received? _____

Is the family currently receiving subsidized child care services through any of the following programs? ❑Yes ❑No
If yes, which of the following? ❑Foster Bridge Care ❑Migrant Child Care Program (CAPK) ❑CalWorks (Stage 1,2,3)

Cut here and return this application to the address above.

INCOME

PARENT A

All income sources must be included.

Work Wages (Monthly Gross)	$
Cash Aid	$
Child Support	$
Spousal Support	$
Unemployment (Monthly Gross)	$
Disability	$
Social Security Benefits	$
Foster Care Income	$
Other	$
MONTHLY TOTAL	**$**

INCOME

PARENT B

All income sources must be included.

Work Wages (Monthly Gross)	$
Cash Aid	$
Child Support	$
Spousal Support	$
Unemployment (Monthly Gross)	$
Disability	$
Social Security Benefits	$
Foster Care Income	$
Other	$
MONTHLY TOTAL	**$**

Cut here and return this application to the address on reverse.

CHILD 1

First Name: _____

Last Name: _____

Date of Birth: _____ Gender: ❑ M ❑ F

Ethnicity: ❑ American Indian ❑ Asian ❑ Black or African American ❑ Caucasian ❑ Hispanic or Latino ❑ Native Hawaiian or Pacific Islander ❑ Unknown / Decline to State

School Name: _____ Grade: _____

Does the child have any exceptional needs or disabilities? ❑ Yes ❑ No

Schedule: *(Check one)*
- ❑ Full time *(more than 6 hours/day)*
- ❑ Part time *(less than 6 hours/day)*

Shift: *(Check all that apply)*
- ❑ Daytime
- ❑ Evening
- ❑ Weekend

CHILD 2

First Name: _____

Last Name: _____

Date of Birth: _____ Gender: ❑ M ❑ F

Ethnicity: ❑ American Indian ❑ Asian ❑ Black or African American ❑ Caucasian ❑ Hispanic or Latino ❑ Native Hawaiian or Pacific Islander ❑ Unknown / Decline to State

School Name: _____ Grade: _____

Does the child have any exceptional needs or disabilities? ❑ Yes ❑ No

Schedule: *(Check one)*
- ❑ Full time *(more than 6 hours/day)*
- ❑ Part time *(less than 6 hours/day)*

Shift: *(Check all that apply)*
- ❑ Daytime
- ❑ Evening
- ❑ Weekend

CHILD 3

First Name: _____

Last Name: _____

Date of Birth: _____ Gender: ❑ M ❑ F

Ethnicity: ❑ American Indian ❑ Asian ❑ Black or African American ❑ Caucasian ❑ Hispanic or Latino ❑ Native Hawaiian or Pacific Islander ❑ Unknown / Decline to State

School Name: _____ Grade: _____

Does the child have any exceptional needs or disabilities? ❑ Yes ❑ No

Schedule: *(Check one)*
- ❑ Full time *(more than 6 hours/day)*
- ❑ Part time *(less than 6 hours/day)*

Shift: *(Check all that apply)*
- ❑ Daytime
- ❑ Evening
- ❑ Weekend

CHILD 4

First Name: _____

Last Name: _____

Date of Birth: _____ Gender: ❑ M ❑ F

Ethnicity: ❑ American Indian ❑ Asian ❑ Black or African American ❑ Caucasian ❑ Hispanic or Latino ❑ Native Hawaiian or Pacific Islander ❑ Unknown / Decline to State

School Name: _____ Grade: _____

Does the child have any exceptional needs or disabilities? ❑ Yes ❑ No

Schedule: *(Check one)*
- ❑ Full time *(more than 6 hours/day)*
- ❑ Part time *(less than 6 hours/day)*

Shift: *(Check all that apply)*
- ❑ Daytime
- ❑ Evening
- ❑ Weekend

PLEASE READ AND SIGN

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained within this application is true, correct and complete.

I also understand that all personal information will be maintained with strict confidentiality.

Signature: _____ **Date:** _____